

PATENT APPLICATION FEE DETERMINATION REQUEST

APPLICATION AS FILED - PART I

(Column 1) (Column 2)

* If the difference in column 1 is less than zero, enter "0" in column 2.

APPLICATION AS AMENDED - PART II

(Column 1)	(Column 2)	(Column 3)	SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
AMENDMENT <i>10306</i>	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRES ^E NT EXTRA	RATE (\$)	ADDI- TIONAL FEE (\$)
Total (37 CFR 1.16(g))	<i>36</i>	Minus	<i>51</i>	<i>x .25</i>	<i>=</i>
Independent (37 CFR 1.16(g))	<i>6</i>	Minus	<i>4</i>	<i>x 100</i>	<i>= 2</i>
Application Size Fee (37 CFR 1.16(s))					
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))			<i>180</i>	TOTAL ADD'L FEE	<i>360</i>
				OR	TOTAL ADD'L FEE
				OR	<i>50</i>
				OR	<i>200</i>
				OR	<i>450</i>

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

**** If the "Highest Number Previously Paid For" IN THIS SPACE Is less than 20, enter #20.**

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" (Total or Independent) Is (the highest number previously paid for in this space) less than 3, enter -3.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.